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<b>REQUEST FOR CORRECTED FILING RECEIPT</b>		Docket Number: 2345/103	
Application Number 09/423,948	Filing Date April 14, 2000	Examiner	Art Unit 2877
Invention Title <b>INTERFEROMETER TUNABLE IN A NON-MECHANICAL MANNER BY A PANCHARATNAM PHASE</b>		Inventor(s) BERESNEV et. al.	
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on</p> <p>Date <u>6/7/00</u> Atty's Reg. # _____ Atty's Signature <u>Lynne Fetch</u> <b>KENYON &amp; KENYON</b></p> <p>Assistant Commissioner for Patents Washington D.C. 20231 Attn.: Office of Initial Patent Examination's Customer Service Center</p> <p>Applicants respectfully request that the filing receipt be corrected with respect to the claims as follows:</p> <p>Please change the number of total claims from "1" to -- 5 --."</p> <p>A copy of the filing receipt showing the change in red is attached.</p> <p>Dated: <u>6/6/00</u></p> <p>By: <u>R. L. Mayer</u> Richard L. Mayer (Reg. No. 22,490)</p> <p>KENYON &amp; KENYON One Broadway New York, N.Y. 10004 (212) 425-7200 (telephone) (212) 425-5288 (facsimile)</p>			

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**FILING RECEIPT**

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/423,948	04/14/2000	2877	970	2345/103	1	5	1

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Date Mailed: 05/22/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

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**Continuing Data as Claimed by Applicant**

THIS APPLICATION IS A 371 OF PCT/EP98/02494 05/28/1998

**Foreign Applications**

GERMANY 197 20 246.2 05/15/1997

If Required, Foreign Filing License Granted 05/22/2000

**Title**

INTERFEROMETER TUNABLE IN A NON-MECHANICAL MANNER BY A PANCHARATNAM  
PHASE

**Preliminary Class**

356

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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/423,948	<b>FILING DATE</b> 04/14/2000 <b>RULE</b> -	<b>CLASS</b> 356	<b>GROUP ART UNIT</b> 2877	<b>ATTORNEY DOCKET NO.</b> 2345/103
<b>APPLICANTS</b> LEONID BERESNEV, COLUMBIA, MD; WOLFGANG DULTZ, FRANKFURT AM, GERMANY; BERNHARD HILS, KONIGSTEIN, GERMANY;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP98/02494 05/28/1998 <i>GMW</i>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 197 20 246.2 05/15/1997 <i>GMW</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 05/22/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>GMW</i>		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 5
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> RICHARD L MAYER KENYON & KENYON ONE BROADWAY NEW YORK, NY 10004				
<b>TITLE</b> INTERFEROMETER				
<b>FILING FEE RECEIVED</b> 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	